

**ST PETERSBURG VA REGIONAL OFFICE
9500 BAY PINES BLVD
ST PETERSBURG, FL**

STATEMENT OF WORK (SOW)

Room 214A Mechanical Remediation
17 April 2017

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Statement of Work (SOW)

Remediation mechanical room 214A

Vision Statement

To remediate all four walls of mechanical room 214A to original condition IAW local, state, and federal environmental guidelines.

1 General

1.1 Background

During recent moisture analysis of the first and second floor of the St Petersburg VA Regional Office mechanical room 214A was identified as having Visible Presumptive Fungal Growth (VPFG) activity in the past. Based on these findings the Director of the Regional Office has requested mechanical room 214A be remediated expeditiously ensuring a safe work environment is established for all employees and visitors.

1.2 Scope

Contractor will assign a licensed and qualified Industrial Hygienist to oversee the remediation process. Scope of work will include but not limited to conducting pre assessment of area; erecting a negative air containment structure; establish a decon site adjacent the containment area; remediate areas of visible mold; assess conditions in the wall interior; provide final cleanup and demobilization; provide bulk and air sampling and analysis prior, during and after the mold remediation; investigate and report on the source of the factors contributing to the mold growth. All drywall inside of mechanical room 214A will be removed and as well as the inside drywall along the East and South walls. End state will be all effected drywall and insulation has been replaced, finished for painting, painted (base plus 2 top coats), carpet returned, ceiling grid and ceiling tiles replaced and wall base installed; room is returned to like new condition.

1.3 Location and hours of work

Accomplishment of the results contained in this SOW requires work at the St Petersburg VA Regional Office, 9500 Bay Pines Blvd, St Petersburg, FL 33708. All work will be performed after hours; 6pm to 6am, Monday through Saturday. Period of performance for this project is 60 calendar days.

2.0 Not used

3 Performance Requirements

The following section specifies the Performance Objectives and Performance Elements for the contract.

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3.1 Pre-execution activities.

Prior performance of this SOW Contractor must complete all training as identified in paragraph 4 to include employee badging and safety training.

Performance Standards

a) Standard: Compliant with federal, state, and local laws and regulations

AQL: 100% of employees have completed VA Privacy and Information Assurance training; submit VA Form 20-0344 (attached) and VA Form 0711 (attached); and have acquired a Non-PIV badge prior performance of this SOW / Contract.

Deliverables

A003 VA Privacy and Information Assurance Training (TMS)

A004 30hr OSHA Safety Course

A005 VA Form 20-0344

A006 VA Form 0711

3.2 Isolate mechanical room containing mold.

Establish a control area by roping off at least 10 feet around the work area; display construction/remediation signs around the work area IAW acceptable remediation p; Contractor will be responsible for removing work cubicles, storing cubicles, and reinstalling work cubicles to original condition to include one coaches station.

Critical barriers: Seal all HVAC vents within the work area with two layers of 6 mil plastic sheeting. Seal all openings into the work area with one layer of 6 mil plastic sheeting. HEPA vacuum and wet wipe all furniture within the work area then remove all furniture to a remote area.

Primary Barrier: Construct a full containment in room by installing steel or wood stud walls around work areas and installing two layers of 6 mil fire retardant plastic sheeting on surfaces not scheduled for remediation,

Decontamination facilities: construct a two stage dry decontamination facility adjacent to the work area.

Negative Air Machines: Install Negative Air Machines in each containment to establish diminished pressure inside the enclosure. Negative air machines shall exhaust to the exterior of the building. Location of Negative Air ductwork will be coordinated with building owner, and other trades to minimize obstructions to others.

Protection of Existing Work to Remain: Perform mold removal work without damage or contamination of adjacent areas. Where existing work is damaged or contaminated, restore work to its original condition.

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All carpet, floor panels, ceiling grid, ceiling tiles, light fixtures,...etc....., removed in the construction area will be removed and stored without damage to be reinstalled after remediation. Damaged items will be replaced by the contractor at no cost to the government.

Performance Standards

a) Standard: Compliant with federal, state, and local laws and regulations relating to mold remediation and hazardous waste removal.

AQL: 100% of remediation area will be behind a containment barrier preventing dust, fumes, smells, odors, etc., from getting into the surrounding area.

3.3 Perform an assessment of the affected area by a qualified Florida licensed Industrial Hygienist.

Perform an assessment of the affected area by a qualified and licensed Industrial Hygienist.

The Industrial Hygienist will conduct pre, during, and post indoor air quality (IAQ) tests to ensure remediation can be conducted in a safe manner without causing exposure to hazardous material. The remediation process will be governed and monitored by the Industrial Hygienist.

Performance Standards

a) Standard: Compliant with federal, state, and local laws and regulations

AQL: Remediation process is 100% compliant with OSHA and EPA guidelines as well as local, state, and federal regulations.

Deliverables

A001 Mold evaluation and assessment

3.4 Maintain appropriate ventilation in containment area

Use adequate ventilation to control personnel exposure to mold during the remediation activity.

Ventilation is to be connected to HEPA filters or other collection systems, approved by the industrial hygienist. Local exhaust ventilation systems shall be designed, constructed, installed, and maintained in accordance with ANSI Z9.2. Local exhaust ventilation shall exhaust to the exterior of the building.

Performance Standards

a) Standard: Demonstrates efficiencies

AQL: 100% of containment area is ventilated and in a negative air pressure environment

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3.5 Decontamination of surrounding work area.

HEPA vacuum and wet wipe all existing furnishing within the room with an EPA registered disinfectant. Remove all furnishing within the work area to a remote location until all work is complete. HEPA vacuum the flooring then wet wipe using an EPA registered disinfectant. Ensure MSDS is provided to the COR for all disinfectants used during this project.

Performance Standards

a) Standard: Inside and outside of containment area decontaminated

AQL: Maintains 100% decontamination area; inside and out.

3.6 Replace all drywall and insulation removed during remediation and prepare walls for painting.

All drywall and insulation removed during the remediation will be replaced with new mold resistant, fire rated drywall and wall insulation that meets the current technical specifications and building code. Drywall joints will be flush, tapped, sanded and prepared for painting.

Performance Standards

a) Standard: Complete

AQL: Effected area is returned to like new condition upon completion of remediation

3.7 Paint all walls that were remediated.

At least one base, primer, and finish coat of paint will be applied. When completed, walls will have a smooth, like new appearance and match the paint of any adjacent walls.

Performance Standards

a) Standard: All painting will be in accordance with SECTION 09 91 00, Master Construction Specifications (PG-18-1),

Office of Construction & Facilities Management, found at -

<http://www.cfm.va.gov/til/spec.asp#23>.

AQL: Walls will be smooth and blended with existing walls showing no change of color and texture.

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3.8 Replace floor tiles, carpet, ceiling grid, ceiling tiles,...etc., that were removed and retained during this project.

All floor tiles, carpet, ceiling grid, ceiling tiles and all other furnishings to include thermostats, light switch covers, electrical receptacle covers etc., that were removed and retained by the contractor will be replaced. Once these furnishings are returned all areas will be cleaned to include sweeping, mopping, vacuuming etc., prior occupancy. Damaged items will be replaced by the contractor at no cost to the government. Space will be returned to pre-construction conditions.

Performance Standards

a) Standard: Ceiling tiles will be replaced IAW SECTION 09 51 00, ACOUSTICAL CEILINGS, Master Construction Specifications (PG-18-1), Office of Construction and Facilities Management found at <http://www.cfm.va.gov/til/spec.asp#23>

AQL: Ceiling grid / tile level with no dips or swells and consistent with existing ceiling grid/ceiling tiles.

b) Standard: Carpet will be replaced IAW SECTION 09 68 00 CARPETING, Master Construction Specifications (PG-1-1), Office of Construction and Facilities Management found at <http://www.cfm.va.gov/til/spec.asp#23>

AQL: Carpet tiles are level with no gaps and tie in smoothly with existing/surrounding carpet tiles.

3.9 Conduct punch list activities.

The general contractor will take the lead in administering the punch list process.

The Contractor should begin the Punch List process by preparing his initial Punch List.

The COR will review Contractors list, perform a joint inspection of the completed work and add any additional items to the Contractors initial Punch List.

There will only be one Punch List. If other items come later, they should be added to the master Punch List.

The Punch List should be published within 24 hours of the joint inspection.

The contractor should not schedule the Punch List review until the work has reached substantial completion.

The Punch List will list the subcontractor responsible for each item and anticipated completion date

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Each item should be checked, initialed by the prime Contractor and dated on the Punch List document when completed.

Once the Contractor has completed and re-inspected all the Punch List items, the Contractor will request final inspection with the COR. If it becomes clear that the work was not corrected the final inspection will be rescheduled.

The final inspection will be signed off on by the COR and Contractor.

Work outside the contract scope should not be listed on the Punch List.

The Contractor's initial work breakdown schedule (WBS) should include Punch List activities. The durations should be reasonable given the project complexity.

Performance Standards

a) Standard: Identifies and corrects deficiencies

AQL: 100% of all deficiencies corrected by the contractor

Deliverables

A002 Punch list

4 Special Requirements

This section describes the special requirements for this effort. The following sub-sections provide details of various considerations on this effort.

4.1 Security

During normal business hours (6am - 6pm) the Contractor is required to enter and exit the St Petersburg VARO through the front entrance. Entering or exiting the building through any other door will require VARO approval and an escort will be required. Upon entering the building the contractor and/or contractor employees will be required to show proof of identity (must have a valid photo ID) as well as pass through a security screening. Due to the sensitivity and personal information processed at the VARO the Contractor as well as the Contractor's employees will be required to complete VA Privacy and Information Security and Rules of Behavior Training. This training will be provided by the COR to all Contractor employees to include sub-contractor employees. The Contractor will coordinate and schedule the training with the COR. Training must be completed within 10 working days from the contract award date. In addition VA Form 20-0334 and form VA Form 0711 must be completed by the Contractor, contractor employees, and sub-contractors and original copies turned in to the COR prior beginning construction. See Attachment 4 - Forms to this SOW for VA Form 20-0344 and VA Form 0711.

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4.1.1 Badging and Identification

Homeland Security Presidential Directive (HSPD) -12 directs all federal agencies and departments to issue identity credentials to provide government workers, contractors, and affiliates with a credential that provides the attributes of security, authentication, trust, and privacy and can be used to verify identities in order to enter federal buildings or gain access to federal computer networks.

All contractors to include their direct employees, subcontractors and subcontractor employees entering the St Petersburg VARO are required to have an individual Non-PIV badge prior beginning work inside the VARO. Therefore it is essential the contractor complete section I of VA Form 0711 (attached) for all employees to included sub-contractors employees who will be working inside the building and provided the completed form to the COR within 5 days of being awarded the contract. Once the COR receives the VA Form 0711 it will take approximately 2 Federal working days before a Non-PIV card can be prepared. The contractor will be notified by the COR when each employee is to report to room 238, PIV Office for photographs and issuance of a Non-PIV badge. The employee must bring TWO (2) forms of identification when they report to room 238. The contractor is responsible for the cost of fingerprinting and background investigations (if required). The contractor should also include the time necessary to process Non-PIV badges in his/her schedule.

4.2 Safety

Equipment - The Contractor shall provide all safety equipment/devices, MSDS, personal protective equipment and clothing as required for its employees.

OSHA - Prior to commencing work the Contractor shall provide proof that an OSHA designated "competent person (CP)" (29 CFR 1926.20(b)(2)) will maintain a presence at the work site whenever the general or subcontractors are not present. The Contractor as well as the on-site supervisor will have completed no less than 30 hours of OSHA approved safety training. All other Contractor employees will have no less than 10 hours of OSHA approved safety training.

Safety Plan Contractor will provide a site specific safety plan as well as an Activity Hazards Analysis. An example of a VA approved AHA can be found at <http://www.usace.army.mil/Portals/2/docs/AHA2.pdf>

Compliance The Contractor shall comply with all applicable Federal, State and local legal requirements regarding workers health and safety. The requirements include but are not limited to, those found in Federal and State Occupational Safety and Health Act (OSHA) statutes and regulations, such as applicable provisions of Title 29, Code of Federal Regulations (CFR) Parts 1910 and 1926. Contractor is solely responsible for determining the legal requirements that apply to activities, and shall ensure safe and healthful working conditions for its employees.

4.2.1 Respirator Protection

Regulatory Compliance

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Contractor, or its subcontractor, will comply with the provisions of 29 CFR 1910.134 (b), (d), (e), and (f) in establishing a respiratory protection program.

Respirator Approval

The respirators must be approved by National Institute for Occupational Safety and Health (NIOSH). The type of respirator shall be appropriate to the airborne mold concentration in the enclosed area at the time of entry. Refer to Appendix II for respiratory protection values. All mold remediation work will be performed using as a minimum, half face respiratory protection equipped with N100 filters.

Contractor Respirator Program

Contractor, or its subcontractor responsible for removing the mold, will provide a copy of the Respiratory Protection Program as part of their submittal.

4.2.2 Personal Protective Equipment (PPE)

Employees exposed to biological agents, without regard to the use of respirators, or where the possibility of skin or eye irritation exists, the Contractor shall provide, at no cost to the employee, and assure that the employee uses appropriate protective work clothing and equipment such as, but not limited to:

Coveralls or similar full-body work clothing;

Gloves, hats, and shoes or disposable shoe coverlets; and

Face shields, vented goggles, or other appropriate protective equipment which complies with CFR 29 Section 1910.133 of Part 1910.

Provide Disposable Protective Clothing as Needed.

The Contractor shall provide for the disposal of required protective clothing and equipment.

The Contractor shall repair or replace required protective clothing and equipment as needed to maintain their effectiveness.

The Contractor shall prohibit the removal of mold from protective clothing or equipment by blowing, shaking, or any other means, which disperses mold spores into the air.

4.2.3 HAZMAT Communication Plan

Contractor will post a copy of 29 CFR 1926.62. "Health Hazard Data" in a prominent place in the office area. Contractor will also comply with the hazard communication provisions in 29 CFR 1910.1200.

Safety Data Sheets (MSDS) for any chemicals used on site shall be added to the plan and a copy shall be submitted to the prime contractor for review.

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4.3 Government Furnished Materials

The government shall provide at no cost parking space and access to the VARO loading docks as necessary.

The government will provide storage space for the work cubicle required to be removed during the remediation.

The government will provide electric service for the inside remediation project.

4.4 Environmental Requirements

Hazardous waste disposal

Abatement - In order to provide for abatement and control of all environmentally hazardous materials arising from demolition and/or construction activities, the Construction Contractor shall comply with all applicable environmentally hazardous material control and abatement and all applicable provisions of the Corps of Engineers Manual EM385-1-1, "General Safety Requirements as well as the specific requirements stated elsewhere in the Contract Documents. EM 385-1-1 can be found at http://federalconstruction.phslegal.com/uploads/file/EM-385-1-1_2008.pdf.

Manifesto - The Construction Contractor shall provide a waste manifesto for all hazardous waste disposals.

The contractor shall comply with all documents listed below as mandatory and referenced under paragraph 3.0, Performance Requirements. Compliance with documents listed as non mandatory is the contractors' option.

Mandatory compliance

* Occupational Safety & Health Administration. Respiratory Protection Standard, 29 CFR 1910.134. 63 FR 1152. January 8, 1998.

* Occupational Safety & Health Administration. Personal Protective Equipment, 29 CFR 1910.134. Respiratory Protection.

* Occupational Safety & Health Administration. Safety and Health Regulations for Construction, 29 CFR 1926.55. Gases, vapors, fumes, dusts, and mists.

* Occupational Safety & Health Administration. Safety and Health Regulations for Construction, 29 CFR 1926.65. Hazardous waste operations and emergency response.

* Occupational Safety & Health Administration. Safety and Health Regulations for Construction, 29 CFR 1910.1333.. Eye and face protection.

Non Mandatory document

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* New York City Department of Health, Bureau of Environmental & Occupational Disease Epidemiology. Guidelines on Assessment and Remediation of Fungi in Indoor Environments. 2000.

4.5 Applicable Directives

The contractor shall comply with all documents listed below as mandatory and referenced under paragraph 3.0, Performance Requirements. Compliance with documents listed as non-mandatory is the contractors' option.

Mandatory compliance

* EM 385-1-1 located at:

http://www.publications.usace.army.mil/Portals/76/Publications/EngineerManuals/EM_385-1-1.pdf

* 29 CFR 1926.57. "Ventilation" located at http://www.ecfr.gov/cgi-bin/text-idx?SID=064a3fa2a7d84c2560d129f59e7d1b47&mc=true&node=sp29.8.1926.d&rtn=div6#se29.8.1926_157

* 29 CFR 1910.1200. "Construction Work" located at http://www.ecfr.gov/cgi-bin/text-idx?SID=064a3fa2a7d84c2560d129f59e7d1b47&mc=true&node=se29.5.1910_112&rtn=div8

Non-Mandatory document

4.6 Quality

This section describes the Quality Control components for this effort. The following sub-sections provide details of various considerations on this effort.

4.6.1 Quality Control

The Contractor shall develop a Task Order Quality Control plan (QCP) and maintain an effective quality control program to ensure services are performed in accordance with this SOW. The Contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The Contractors QCP is the means by which he assures himself that his work complies with the requirement of the contract.

The finalized QCP will be accepted by the Government at the time of the award of the Task/Delivery Order. The Contracting Officer may notify the Contractor of required modifications to the plan during the period of performance. The Contractor then shall coordinate suggested modifications and obtain acceptance of the plan by the Contracting Officer. Any modifications to the program during the period of performance shall be provided to the Contracting Officer for review no later than 10 working days prior to effective date of the change. The QCP shall be subject to the Governments review and approval. The Government may find the QCP "unacceptable" whenever the Contractors procedures do not accomplish

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quality control objective(s). The Contractor shall revise the QCP within 10 working days from receipt of notice that QCP is found "unacceptable."

4.6.2 Quality Assurance Surveillance Plan (QASP)

The Government shall monitor the Contractor's performance under this Task/Delivery Order in accordance with the Government's QASP. The QASP will be provided to the contractor during the Kickoff Meeting.

5 Deliverables

Mold Evaluation and Assessment - Because mold can contribute to health problems ranging from minor irritation to serious debilitation if found in high quantities or improper locations, a mold assessment shall be performed when need is indicated.

a. Assessments/remediation shall be overseen by a Florida licensed mold inspector with a minimum of 5 years' experience in evaluation of indoor air problems and an understanding both the properties of mold behaviors and building design or construction. This person shall be an IH, microbiologist, or a qualified indoor air specialist or mold inspector who has been certified by an independent IAQ certifying agency and/or who can demonstrate training and experience in the IAQ investigative field.

b. A visual assessment of potential mold hazards shall be performed, based on criteria in the, U.S. Army Public Health Command TG 278, Industrial Hygiene Preventive Medicine Mold Assessment Guide, the EPA Indoor Air Quality Checklists, and guidance from AIHA. Bulk and/or air samples are generally not necessary to evaluate mold hazardous environments.

c. A mold assessment shall be written and shall contain the following:

(1) Description of the area assessed including size (footprint), ventilation, and occupancy;

(2) Name and qualifications of the individual completing the assessment;

(3) Any sample results taken, including location of the sample result, date and time of the sample, temperature and humidity at the time of the sample; and laboratory procedure used to analyze the sample;

(4) Drawing of the area showing location of samples, location of visible mold or mildew and the type of substrate it is growing on, ventilation sources in the room, and other information thought to be important;

(5) Potential sources of the moisture which has caused the mold growth;

(6) Recommendations for controlling the problem and remediating the mold.

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d. Causes of mold (i.e., water leakages, seepages, drainage, HVAC/ insulation repaired, etc.) shall be addressed before completing mold remediation.

Number	Name	Frequency	Quantity
A001	Mold evaluation and assessment		
A002	Punch list	Once	1
	Identified deficiencies during joint inspection between Contractor and COR		
A003	VA Privacy and Information Assurance Training (TMS)	Once	1
	Required by all employees. Training will be coordinated by the Contractor with the COR who will provide the training; attendance will be recorded; no contractor to include subcontractor employees are authorized to work in the building until this training has been completed.		
A004	30hr OSHA Safety Course	Once	1
	To be completed by Contractors On-Site Superintendent / Supervisor. Copy of training certificate to be provided to the COR		
A005	VA Form 20-0344	Once	1
	Required by all employees. Completed form to be submitted to the COR prior initiation of work.		
A006	VA Form 0711	Once	1
	Required by all employees. Completed form to be submitted to the COR prior initiation of work.		

Performance Requirement Summary (PRS)

6 Performance Requirement Summary

Statements	Standards/AQLs	Incentive/Remedy
3.1 Pre-execution activities.	a) Compliant with federal, state, and local laws and regulations AQL: 100% of employees have completed VA Privacy and Information Assurance training; submit VA Form 20-0344 (attached) and VA Form 0711 (attached); and have acquired a Non-PIV badge prior performance of this SOW / Contract.	There are no incentives offered to complete this job early. Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance Assessment Report (PAR in the CO performance file

Statements	Standards/AQLs	Incentive/Remedy
3.2 Isolate mechanical room containing mold.	a) Compliant with federal, state, and local laws and regulations relating to mold remediation and hazardous waste removal. AQL: 100% of remediation area will be behind a containment barrier preventing dust, fumes, smells, odors, etc., from getting into the surrounding area.	There are no incentives offered to complete this job early. Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A There are no incentives offered to complete this

Performance Requirement Summary (PRS)

		<p>job early.</p> <p>Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP</p> <p>Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A</p>
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Statements	Standards/AQLs	Incentive/Remedy
3.3 Perform an assessment of the affected area by a qualified Florida licensed Industrial Hygienist.	a) Compliant with federal, state, and local laws and regulations AQL: Remediation process is 100% compliant with OSHA and EPA guidelines as well as local, state, and federal regulations.	<p>There are no incentives offered to complete this job early.</p> <p>Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP</p> <p>Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A</p>

Statements	Standards/AQLs	Incentive/Remedy
3.4 Maintain appropriate ventilation in containment area	a) Demonstrates efficiencies AQL: 100% of containment area is ventilated and in a negative air pressure environment	<p>There are no incentives offered to complete this job early.</p> <p>Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP</p>

Performance Requirement Summary (PRS)

		Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A
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Statements	Standards/AQLs	Incentive/Remedy
3.5 Decontamination of surrounding work area.	a) Inside and outside of containment area decontaminated AQL: Maintains 100% decontamination area; inside and out.	There are no incentives offered to complete this job early. Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A

Statements	Standards/AQLs	Incentive/Remedy
3.6 Replace all drywall and insulation removed during remediation and prepare walls for painting.	a) Complete AQL: Effected area is returned to like new condition upon completion of remediation	There are no incentives offered to complete this job early. Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A

Statements	Standards/AQLs	Incentive/Remedy
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Performance Requirement Summary (PRS)

3.7	Paint all walls that were remediated.	a) All painting will be in accordance with Section 8, Attachment 1 – Painting of the SOW	<p>There are no incentives offered to complete this job early.</p> <p>Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP</p> <p>Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A</p>
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Statements		Standards/AQLs	Incentive/Remedy
3.8	Replace floor tiles, carpet, ceiling grid, ceiling tiles,...etc., that were removed and retained during this project.	<p>a) Ceiling tiles will be replaced IAW Attachment 2 – Acoustic Ceilings of this SOW</p> <p>b) Carpet will be removed, stored on premises (after coordinating with the COR), and replaced to original location and condition.</p>	<p>There are no incentives offered to complete this job early.</p> <p>Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the QASP</p> <p>Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A</p>

Statements		Standards/AQLs	Incentive/Remedy
3.9	Conduct punch list activities .	<p>a) Identifies and corrects deficiencies AQL: 100% of all deficiencies corrected by the contractor</p>	<p>There are no incentives offered to complete this job early.</p> <p>Deficiencies will be identified and remedied by the Corrective Action Plan (CAP). See the</p>

Performance Requirement Summary (PRS)

		QASP Failure to comply with the CAP may constitute filing a Customer Complaint Record or performance A
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Attachment 1 - Painting

Attachment 1 - Painting

PART 1 - GENERAL

1.1 DESCRIPTION:

A. Work of this Section includes all labor, materials, equipment, and services necessary to complete the painting and finishing as shown on the construction documents and/or specified herein, including, but not limited to, the following:

1. Prime coats which may be applied in shop under other sections.
2. Prime painting unprimed surfaces to be painted under this Section.
3. Painting items furnished with a prime coat of paint, including touching up of or repairing of abraded, damaged or rusted prime coats applied by others.
4. Painting ferrous metal (except stainless steel) exposed to view.
5. Painting galvanized ferrous metals exposed to view.
6. Painting interior concrete block exposed to view.
7. Painting gypsum drywall exposed to view.
8. Painting of wood exposed to view, except items which are specified to be painted or finished under other Sections of these specifications. Back painting of all wood in contact with concrete, masonry or other moisture areas.
9. Painting pipes, pipe coverings, conduit, ducts, insulation, hangers, supports and other mechanical and electrical items and equipment exposed to view.
10. Painting surfaces above, behind or below grilles, gratings, diffusers, louvers lighting fixtures, and the like, which are exposed to view through these items.
11. Painting includes shellacs, stains, varnishes, coatings specified, and striping or markers and identity markings.
12. Incidental painting and touching up as required to produce proper finish for painted surfaces, including touching up of factory finished items.
13. Painting of any surface not specifically mentioned to be painted herein or on construction documents, but for which painting is obviously necessary to complete the job, or work which comes within the intent of these specifications, is to be included as though specified.

Attachment 1 - Painting

1.2 QUALITY ASSURANCE:

A. Qualification of Painters: Use only qualified journeyman painters for the mixing and application of paint on exposed surfaces. Submit evidence that key personnel have successfully performed surface preparation and application of coatings.

B. Paint Coordination: Provide finish coats which are compatible with the prime paints used. Review other Sections of these specifications in which prime paints are to be provided to ensure compatibility of the total coatings system for the various substrates. Upon request from other subcontractors, furnish information on the characteristics of the finish materials proposed to be used, to ensure that compatible prime coats are used. Provide barrier coats over incompatible primers or remove and re-prime as required. Notify the Contracting Officer Representative (COR) in writing of any anticipated problems using the coating systems as specified with substrates primed by others.

1.3 REGULATORY REQUIREMENTS:

A. Paint materials are to conform to the restrictions of the local Environmental and Toxic Control jurisdiction.

1. Volatile Organic Compounds (VOC) Emissions Requirements: Field applied paints and coatings that are inside the waterproofing system to not exceed limits of authorities having jurisdiction.

2. Lead-Base Paint:

a. Comply with Section 410 of the Lead-Based Paint Poisoning Prevention Act, as amended, and with implementing regulations promulgated by Secretary of Housing and Urban Development.

b. Regulations concerning prohibition against use of lead-based paint in federal and federally assisted construction, or rehabilitation of residential structures are set forth in Subpart F, Title 24, Code of Federal Regulations, Department of Housing and Urban Development.

c. Do not use coatings having a lead content over 0.06 percent by weight of non-volatile content.

3. Asbestos: Provide materials that do not contain asbestos.

4. Chromate, Cadmium, Mercury, and Silica: Provide materials that do not contain zinc-chromate, strontium-chromate, Cadmium, mercury or mercury compounds or free crystalline silica.

5. Human Carcinogens: Provide materials that do not contain any of the ACGIH-BKLT and ACGIH-DOC confirmed or suspected human carcinogens.

6. Use high performance acrylic paints in place of alkyd paints.

Attachment 1 - Painting

1.4 SAFETY AND HEALTH

A. Apply paint materials using safety methods and equipment in accordance with the following:

1. Comply with applicable Federal, State, and local laws and regulations, and with the ACCIDENT PREVENTION PLAN, including the Activity Hazard Analysis (AHA) as specified in Section 4.2, SAFETY of this SOW. The AHA is to include analyses of the potential impact of painting operations on painting personnel and on others involved in and adjacent to the work zone.

B. Safety Methods Used During Paint Application: Comply with the requirements of SSPC PA Guide 10.

C. Toxic Materials: To protect personnel from overexposure to toxic materials, conform to the most stringent guidance of:

1. The applicable manufacturer's Material Safety Data Sheets (MSDS) or local regulation.
2. 29 CFR 1910.1000.
3. ACHIH-BKLT and ACGHI-DOC, threshold limit values.

PART 2 - PRODUCTS

2.1 MATERIALS:

A. Conform to the coating specifications and standards referenced in PART 3. Submit manufacturer's technical data sheets for specified coatings and solvents.

2.2 PAINT PROPERTIES:

A. Use ready-mixed (including colors), except two component epoxies, polyurethanes, polyesters, paints having metallic powders packaged separately and paints requiring specified additives.

B. Provide undercoat paint produced by the same manufacturer as the finish coats. Use only thinners approved by the paint manufacturer, and use only to recommended limits.

C. VOC Content: For field applications that are inside the weatherproofing system, paints and coating to comply with VOC content limits of authorities having jurisdiction and the following VOC content limits:

1. Flat Paints and Coatings: 50 g/L.

Attachment 1 - Painting

2. Non-flat Paints and Coatings: 150 g/L.
3. Dry-Fog Coatings: 400 g/L.
4. Primers, Sealers, and Undercoaters: 200 g/L.
5. Anticorrosive and Antirust Paints applied to Ferrous Metals: 250 g/L.
6. Zinc-Rich Industrial Maintenance Primers: 340 g/L.
7. Pretreatment Wash Primers: 420 g/L.
8. Shellacs, Clear: 730 g/L.
9. Shellacs, Pigmented: 550 g/L. //

D. VOC test method for paints and coatings is to be in accordance with 40 CFR 59 (EPA Method 24). Part 60, Appendix A with the exempt compounds' content determined by Method 303 (Determination of Exempt Compounds) in the South Coast Air Quality Management District's (SCAQMD) "Laboratory Methods of Analysis for Enforcement Samples" manual.

PART 3 - EXECUTION

3.1 JOB CONDITIONS:

A. Safety: Observe required safety regulations and manufacturer's warning and instructions for storage, handling and application of painting materials.

1. Take necessary precautions to protect personnel and property from hazards due to falls, injuries, toxic fumes, fire, explosion, or other harm.
2. Deposit soiled cleaning rags and waste materials in metal containers approved for that purpose. Dispose of such items off the site at end of each day's work.

3.2 GENERAL WORKMANSHIP REQUIREMENTS:

A. Application may be by brush or roller. Spray application only upon acceptance from the COR in writing.

B. Furnish to the COR a painting schedule indicating when the respective coats of paint for the various areas and surfaces will be completed. This schedule is to be kept current as the job progresses.

C. Protect work at all times. Protect all adjacent work and materials by suitable covering or other method during progress of work. Upon completion of the work, remove all paint and varnish spots from floors, glass and other surfaces. Remove from the premises all rubbish and accumulated materials of whatever nature not caused by others and leave work in a clean condition.

Attachment 1 - Painting

D. Remove and protect hardware, accessories, device plates, lighting fixtures, and factory finished work, and similar items, or provide in place protection. Upon completion of each space, carefully replace all removed items by workmen skilled in the trades involved.

E. When indicated to be painted, remove electrical panel box covers and doors before painting walls. Paint separately and re-install after all paint is dry.

F. Materials are to be applied under adequate illumination, evenly spread and flowed on smoothly to avoid runs, sags, holidays, brush marks, air bubbles and excessive roller stipple.

G. Apply materials with a coverage to hide substrate completely. When color, stain, dirt or undercoats show through final coat of paint, the surface is to be covered by additional coats until the paint film is of uniform finish, color, appearance and coverage, at no additional cost to the Government.

H. All coats are to be dry to manufacturer's recommendations before applying succeeding coats.

I. All suction spots or "hot spots" in plaster after the application of the first coat are to be touched up before applying the second coat.

3.3 SURFACE PREPARATION:

A. General:

1. The Contractor shall be held wholly responsible for the finished appearance and satisfactory completion of painting work. Properly prepare all surfaces to receive paint, which includes cleaning, sanding, and touching-up of all prime coats applied under other Sections of the work. Broom clean all spaces before painting is started. All surfaces to be painted or finished are to be completely dry, clean and smooth.

2. Perform preparation and cleaning procedures in strict accordance with the paint manufacturer's instructions and as herein specified, for each particular substrate condition.

3. Clean surfaces before applying paint or surface treatments with materials and methods compatible with substrate and specified finish. Remove any residue remaining from cleaning agents used. Do not use solvents, acid, or steam on concrete and masonry. Schedule the cleaning and painting so that dust and other contaminants from the cleaning process will not fall in wet, newly painted surfaces.

B. Gypsum Plaster and Gypsum Board:

1. Remove efflorescence, loose and chalking plaster or finishing materials.

2. Remove dust, dirt, and other deterrents to paint adhesion.

Attachment 1 - Painting

3. Fill holes, cracks, and other depressions with CID-A-A-1272A finished flush with adjacent surface, with texture to match texture of adjacent surface. Patch holes over 25 mm (1-inch) in diameter as specified in Section for plaster or gypsum board.

3.4 PAINT PREPARATION:

A. Thoroughly mix painting materials to ensure uniformity of color, complete dispersion of pigment and uniform composition.

B. Do not thin unless necessary for application and when finish paint is used for body and prime coats. Use materials and quantities for thinning as specified in manufacturer's printed instructions.

3.5 APPLICATION:

A. Start of surface preparation or painting will be construed as acceptance of the surface as satisfactory for the application of materials.

B. Unless otherwise specified, apply paint in three (3) coats; prime, body, and finish. When two (2) coats applied to prime coat are the same, first coat applied over primer is body coat and second coat is finish coat.

C. Apply each coat evenly and cover substrate completely.

D. Allow not less than 48 hours between application of succeeding coats, except as allowed by manufacturer's printed instructions, and approved by COR.

E. Apply by brush or roller. Spray application for new or existing occupied spaces only upon approval by acceptance from COR in writing.

1. Apply painting materials specifically required by manufacturer to be applied by spraying.

2. In new construction and in existing occupied spaces, where paint is applied by spray, mask or enclose with polyethylene, or similar air tight material with edges and seams continuously sealed including items specified in "Building and Structural Work Field Painting"; "Work not Painted"; motors, controls, telephone, and electrical equipment, fronts of sterilizers and other recessed equipment and similar prefinished items.

F. Do not paint in closed position operable items such as access doors and panels, window sashes, overhead doors, and similar items except overhead roll-up doors and shutters.

3.6 INTERIOR FINISHES:

A. Gypsum Board:

1. One (1) coat of MPI 46 (Interior Enamel Undercoat) plus one (1) coat of MPI 139 (Interior High Performance Latex, MPI Gloss level 3).

Attachment 1 - Painting

3.7 PROTECTION CLEAN UP, AND TOUCH-UP:

- A. Protect work from paint droppings and spattering by use of masking, drop cloths, removal of items or by other approved methods.
- B. Upon completion, clean paint from hardware, glass and other surfaces and items not required to be painted of paint drops or smears.
- C. Before final inspection, touch-up or refinished in a manner to produce solid even color and finish texture, free from defects in work which was damaged or discolored.

Attachment 2 – Acoustic Panels

Attachment 2 – Acoustic Ceilings

1 GENERAL

1 SUMMARY

Section Includes:

Acoustical units.

Metal ceiling suspension system for acoustical ceilings.

Adhesive application.

1.1 APPLICABLE PUBLICATIONS

- A. Comply with references to extent specified in this section.
- B. ASTM International (ASTM):
 - 1. C635/C635M-13a - Manufacture, Performance, and Testing of Metal Suspension Systems for Acoustical Tile and Lay-in Panel Ceilings.
 - 2. C636/C636M-13 - Installation of Metal Ceiling Suspension Systems for Acoustical Tile and Lay-in Panels.
 - 3. D1779-98(2011) - Adhesive for Acoustical Materials.
 - 4. E119-16 - Fire Tests of Building Construction and Materials.
 - 5. E580/E580M-14 - Installation of Ceiling Suspension Systems for Acoustical Tile and Lay-in Panels in Areas Subject to Earthquake Ground Motions.
 - 6. E1264-14 - Classification for Acoustical Ceiling Products.

1.2 SUBMITTALS

- A. Submittal Procedures: All submittals will be provided to the COR.
- B. Manufacturer's Literature and Data:
 - 1. Description of each product.
 - 2. Ceiling suspension system indicating manufacturer recommendation for each application.
 - 3. Installation instructions.
 - 4. Warranty.
- C. Sustainable Construction Submittals:
 - 1. Recycled Content: Identify post-consumer and pre-consumer recycled content percentage by weight.
 - 2. Biobased Content:
 - a. Show type and quantity for each product.
 - b. Show volatile organic compound types and quantities.

Attachment 2 – Acoustic Panels

1.3 DELIVERY

- A. Deliver products in manufacturer's original sealed packaging.
- B. Mark packaging, legibly. Indicate manufacturer's name or brand, type, color, production run number, and manufacture date.
- C. Before installation, return or dispose of products within distorted, damaged, or opened packaging.

1.4 SYSTEM DESCRIPTION

- A. Ceiling System: Acoustical ceilings units on exposed grid suspension systems.

1.5 SYSTEM PERFORMANCE

- A. Design product complying with specified performance:
 - 1. Maximum Deflection: 1/360 of span, maximum.
- B. Fire Resistance: ASTM E119; as component of 1 hour rated floor-ceiling.
- C. Surface Burning Characteristics: When tested according to ASTM E84.
 - 1. Flame Spread Rating: 25 maximum.
 - 2. Smoke Developed Rating: 450 maximum.

1.6 PRODUCTS - GENERAL

- A. Provide acoustical units from one manufacturer.
 - 1. Provide each product exposed to view from one production run.
- B. Provide suspension system from same manufacturer.

1.7 ACOUSTICAL UNITS

- A. General:
 - 1. Ceiling Panel and Tile: ASTM E1264, bio-based content according to USDA Bio-Preferred Product requirements.
 - a. Mineral Fiber: 3.6 kg/sq. m (3/4 psf) weight, minimum.
 - 2. Classification: Provide type and form as follows:
 - a. Type III Units - Mineral base with water-based painted finish maximum 10 g/l VOC; Form 2 - Water felted, minimum 16 mm (5/8 inch) thick.
 - b. Type IV Units - Mineral base with membrane-faced overlay, Form 2 - Water felted, minimum 16 mm (5/8 inch) thick. Apply poly (vinyl) chloride over paint coat.

Attachment 2 – Acoustic Panels

- c. Type V Units - Perforated steel facing (pan) with mineral or glass fiber base backing.
 - 1) Steel: Galvanized steel, ASTM A653, with G30 coating. minimum 0.38 mm (0.015 inch) thick.
 - 2) Bonderize both sides. Apply two coats of baked-on enamel finish on surfaces exposed to view and one coat on concealed surfaces.
- d. Type VI Units - Perforated stainless steel facing (pan) with mineral or glass fiber base backing.
- e. Type VII Units - Perforated aluminum facing (pan) with mineral or glass fiber base backing.
 - 1) Aluminum sheets, minimum 0.635 mm (0.025 inch) thick.
 - 2) Apply two coats of baked-on enamel finish, free from gloss or sheen, on face and flanges.
- f. NRC (Noise Reduction Coefficient): ASTM C423, minimum 0.55.
- g. CAC (Ceiling Attenuation Class): ASTM E413, 40-44 range.
- h. LR (Light Reflectance): Minimum 0.75.
- 3. Lay-in panels:
 - a. Sizes:
 - 1) Sizes to match existing tile.

1.8 METAL SUSPENSION SYSTEM

- A. General: ASTM C635, intermediate-duty. Must match existing metal grid suspension system.
 - 1. Suspension System: Provide the following:
 - a. Extruded aluminum.
 - 2. Main and Cross Runner: Use same construction Do not use lighter-duty sections for cross runners.
- B. Exposed Grid Suspension System: Support of lay-in panels.
 - 1. Grid Width: 22 mm (7/8 inch) minimum with 8 mm (5/16 inch) minimum panel bearing surface.
 - 2. Molding: Fabricate from the same material with same exposed width and finish.
 - 3. Finish: Baked-on enamel flat texture finish.
 - a. Color: To match existing grid color.

Attachment 2 – Acoustic Panels

- C. Suspension System Support of Metal Type V, VI, and VII Tiles: Concealed grid type with runners for snap-in attachment of metal tile (pans).
- D. Clips: Galvanized steel, designed to secure framing member in place.
- E. Tile Splines: ASTM C635.
- F. Wire: ASTM A641.
 - 1. Size:
 - a. Wire Hangers: Minimum diameter 2.68 mm (0.1055 inch).
 - b. Bracing Wires: Minimum diameter 3.43 mm (0.1350 inch).

UTION

1.9 PREPARATION

- A. Examine and verify substrate suitability for product installation.
- B. Protect existing construction and completed work from damage.
- C. Remove existing acoustical panels and suspension system as required.
 - 1. Retain existing acoustical panels and suspension system for reuse.
 - 2. Dispose of other removed materials.

1.10 INSTALLATION - GENERAL

- A. Install products according to manufacturer's instructions.
 - 1. When manufacturer's instructions deviate from specifications, submit proposed resolution for Contracting Officer's Representative consideration.

1.11 CEILING SUSPENSION SYSTEM INSTALLATION

- A. General: Install according to ASTM C636.
 - 1. Use direct or indirect hung suspension system or combination of both.
 - 2. Support a maximum area of 1.48 sq. m (16 sq. ft.) of ceiling per hanger.
 - 3. Prevent deflection in excess of 1/360 of span of cross runner and main runner.
 - 4. Provide additional hangers located at each corner of support components.
 - 5. Provide minimum 100 mm (4 inch) clearance from the exposed face of the acoustical units to the underside of ducts, pipe, conduit, secondary suspension channels, concrete beams or joists; and steel beam or bar joist unless furred system is shown.
 - 6. Provide main runners minimum 1200 mm (48 inches) in length.
 - 7. Install hanger wires vertically. Angled wires are not acceptable except for seismic restraint bracing wires.

Attachment 2 – Acoustic Panels

B. Direct Hung Suspension System: ASTM C635.

1. Support main runners by hanger wires attached directly to the structure overhead.
2. Maximum spacing of hangers, 1200 mm (4 feet) on centers unless interference occurs by mechanical systems. Use indirect hung suspension system where not possible to maintain hanger spacing.

C. Anchorage to Structure:

1. Steel:
 - a. Install carrying channels for attachment of hanger wires.
 - 1) Size and space carrying channels to support load within performance limit.
 - 2) Attach hangers to steel carrying channels, spaced four feet on center, unless area supported or deflection exceeds the amount specified.
 - b. Attach carrying channels to the bottom flange of steel beams spaced not 1200 mm (4 feet) on center before fireproofing is installed. Weld or use steel clips for beam attachment.
 - c. Attach hangers to bottom chord of bar joists or to carrying channels installed between the bar joists when hanger spacing prevents anchorage to joist. Rest carrying channels on top of the bottom chord of the bar joists, and securely wire tie or clip to joist.

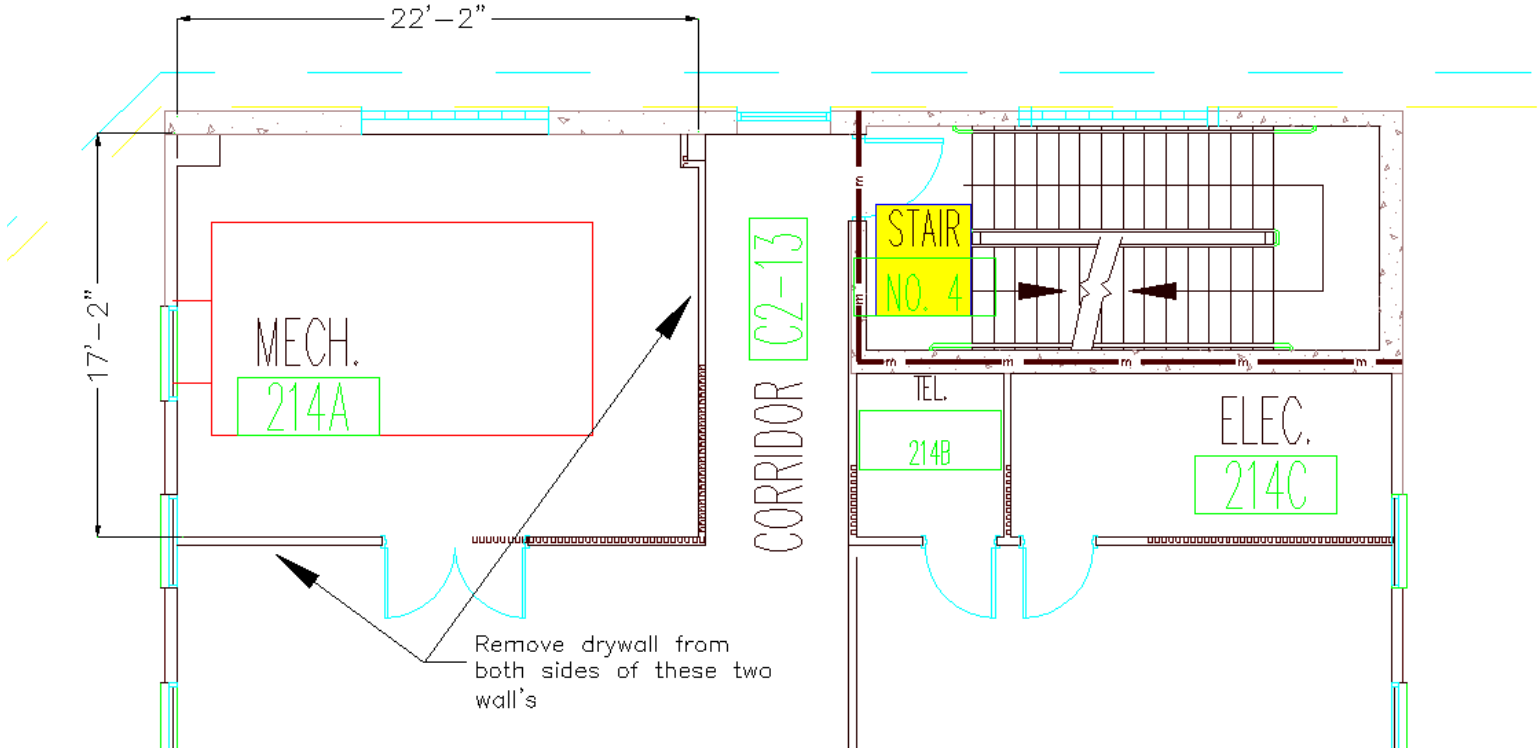
D. Indirect Hung Suspension System: ASTM C635.

1. Space carrying channels for indirect hung suspension system maximum 1200 mm (4 feet) on center. Space hangers for carrying channels maximum 2400 mm (8 feet) on center or for carrying channels less than 1200 mm (4 feet) on center so as to insure that specified requirements are not exceeded.
2. Support main runners by specially designed clips attached to carrying channels.

1.12 CLEANING

- A. Clean exposed surfaces. Remove contaminants and stains.

Attachment 3 – Floor Plan



Department of Veterans Affairs	ANNUAL CERTIFICATION OF VETERAN STATUS AND VETERAN-RELATIVES	
<p>Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is mandatory. Giving us your and your veteran relatives' SSN account information is mandatory. Any persons, including dependents and beneficiaries, who apply for or receive VA Compensation and Pension benefits are required to provide their SSN under Title 38 USC 5101(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</p> <p>Respondent Burden: We need this information to identify the benefit records VA maintains for you and your relatives in order to insure the security and confidentiality of the records (5 U.S.C. 552a(e)(10)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 and give your comments or ask for mailing information on where to send your comments.</p>		
SECTION I - EMPLOYEE INFORMATION		
1. EMPLOYEE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	2. EMPLOYEE'S SOCIAL SECURITY NUMBER	
3. EMPLOYEE'S DATE OF BIRTH (MONTH, DAY, YEAR)	4. REGIONAL OFFICE OF EMPLOYMENT	
5. HAVE YOU EVER APPLIED FOR OR RECEIVED BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS (Either as a veteran or a veteran's dependent)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>Note: If your answer is "no" to <u>both</u> Items 5 and 6 above, skip Section II and proceed to Section III on the reverse to complete the remainder of the form. If your answer is "yes" to either or both items, please complete the entire form including Items 7 through 14 below. If you are a veteran, provide the information requested in Items 7 through 14 relative to your military status and VA claims records. If you are a veteran's dependent, provide the requested information for the veteran on whom your benefits eligibility is based.</p>		
SECTION II - VETERAN EMPLOYEE/VETERAN'S DEPENDENT INFORMATION		
7. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (<i>Last, First, Middle</i>)		
8. YOUR RELATIONSHIP TO VETERAN <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT		
9. VETERAN'S MILITARY SERVICE NUMBER		
10. VETERAN'S SOCIAL SECURITY NUMBER	11. VETERAN'S DATE OF BIRTH (MONTH, DAY, YEAR)	
12. INSURANCE FILE NUMBER (<i>If applicable</i>)		
13. CLAIMS FILE NUMBER (<i>If applicable</i>)		
14. VA BENEFITS APPLIED FOR (Check all boxes that apply)		
<input type="checkbox"/> NONE	<input type="checkbox"/> TOTAL OR TOTAL AND PERMANENT DISABILITY (USGLI)	<input type="checkbox"/> TOTAL DISABILITY (NSLI)
<input type="checkbox"/> DISABILITY COMPENSATION	<input type="checkbox"/> PENSION	<input type="checkbox"/> RETIREMENT PAY
<input type="checkbox"/> VOCATIONAL REHABILITATION	<input type="checkbox"/> EDUCATION OR TRAINING	<input type="checkbox"/> LOAN GUARANTY
<input type="checkbox"/> HOSPITAL OR DOMICILIARY CARE	<input type="checkbox"/> OUTPATIENT TREATMENT	<input type="checkbox"/> OTHER (<i>Specify below</i>)
<div style="border-bottom: 1px solid black; width: 100%;"></div>		

SECTION III - INFORMATION ABOUT YOUR RELATIVES WHO ARE VETERANS AND/OR VA BENEFICIARIES	
Note: List all relatives (spouse, child, parent, sibling) who are veterans or who have applied for or are receiving benefits as a veteran's dependent. If assistance is needed in obtaining military service numbers and/or claims numbers and you do not have access to BIRLS (VA's beneficiary information and records locator system), please see your station's IT Security Officer. Check Item 18 "Additional Information" and attach a separate sheet if more space is needed.	
15. RELATIVE INFORMATION - FIRST	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME ▶	
B. RELATIONSHIP TO YOU ▶	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE) ▶	
D. VETERAN'S SOCIAL SECURITY NUMBER ▶	
E. VETERAN'S MILITARY SERVICE NUMBER ▶	
F. INSURANCE FILE NUMBER ▶	
G. CLAIMS FILE NUMBER ▶	
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR) ▶	
16. RELATIVE INFORMATION - SECOND	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME ▶	
B. RELATIONSHIP TO YOU ▶	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE) ▶	
D. VETERAN'S SOCIAL SECURITY NUMBER ▶	
E. VETERAN'S MILITARY SERVICE NUMBER ▶	
F. INSURANCE FILE NUMBER ▶	
G. CLAIMS FILE NUMBER ▶	
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR) ▶	
17. RELATIVE INFORMATION - THIRD	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME ▶	
B. RELATIONSHIP TO YOU ▶	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE) ▶	
D. VETERAN'S SOCIAL SECURITY NUMBER ▶	
E. VETERAN'S MILITARY SERVICE NUMBER ▶	
F. INSURANCE FILE NUMBER ▶	
G. CLAIMS FILE NUMBER ▶	
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR) ▶	
18. ADDITIONAL INFORMATION	
<input type="checkbox"/> Please check if additional relatives are identified on an attachment to this form.	
I certify that the above information is correct and complete to the best of my knowledge.	
19. SIGNATURE OF EMPLOYEE (Do NOT Print)	20. DATE SIGNED

20-0344, JUN 2004 (Back)

Attachment 4 - Forms

Form Approved: OMB No. 2900-0673
Respondent Burden: 5 Minutes

Department of Veterans Affairs		REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD	
<p>PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.</p> <p>PAPERWORK REDUCTION ACT NOTICE: The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.</p>			
SECTION I - APPLICANT INFORMATION			
APPLICANT INFORMATION (Completed by Applicant)			
1. LEGAL NAME OF APPLICANT (Insert last, first, middle and suffix name)		2. NICKNAME TO BE USED FOR APPLICANT (Insert last name and first name, if applicable)	
3. DATE OF BIRTH (MM/DD/YYYY)		5. HOME PHONE NUMBER (Include Area Code) (Optional)	
4. SOCIAL SECURITY NO.		7. HOME ADDRESS	
6. HOME E-MAIL ADDRESS (Optional)		9. DATE SIGNED	
8. SIGNATURE OF APPLICANT			
SECTION II - SPONSOR VERIFICATION (Completed by Sponsor)			
PART A - APPLICANT EMPLOYMENT INFORMATION (Completed by Sponsor)			
1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION		2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL	
		3. CREDENTIALS/ORGANIZATIONAL TITLE (AKA Position/Job Title)	
		4. COST CTR.	
5. WORK PHONE NUMBER (If applicable)		6. WORK E-MAIL ADDRESS	
PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS (Completed by Sponsor)			
1. TYPE OF REQUEST <input type="checkbox"/> NEW ID <input type="checkbox"/> RENEWAL <input type="checkbox"/> REPLACEMENT ID (Damaged/Lost) <input type="checkbox"/> CHANGE LEVEL OF ACCESS			
2. TYPE OF CARD <input type="checkbox"/> PERSONAL IDENTITY VERIFICATION (PIV) <input type="checkbox"/> VA (NON-PIV)		3. TYPE OF ACCESS <input type="checkbox"/> LOGICAL ACCESS (Domain) <input type="checkbox"/> PHYSICAL ACCESS (Complete Part D)	
4. EMPLOYMENT STATUS <input type="checkbox"/> VA EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AFFILIATE (Specify) <input type="checkbox"/> TEMPORARY VA EMPLOYMENT			
PART C - PHYSICAL SECURITY ACCESS DATA (Completed by Sponsor)			
1. SPECIAL SECURITY ACCESS REQUIRED <input type="checkbox"/> YES (If "YES," Specify in Item 2) <input type="checkbox"/> NO		2. SPECIFY LOCATION OF SPECIAL SECURITY (i.e. tower, bldg. no., etc.)	
		3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER? <input type="checkbox"/> EMERGENCY RESPONDER <input type="checkbox"/> CRITICAL EMPLOYEE <input type="checkbox"/> NEITHER	
PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION (Completed by Sponsor)			
TYPE OF BACKGROUND INVESTIGATION FOR POSITION <input type="checkbox"/> SAC <input type="checkbox"/> NACI <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/> OTHER (Specify)			
PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Sponsor)			
1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE (MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)		2. NAME OF FIRM OR COMPANY (If applicable)	
3. NAME OF CONTRACTING OFFICER TECH. REPR. (If applicable)		4. NAME OF RESPONSIBLE VA ORGANIZATION	
		5. MAIL ROUTING SYM.	

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Attachment 4 - Forms

PART F - SPONSOR AUTHORIZATION AND CERTIFICATION <i>(Completed by Sponsor)</i>									
CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.									
1. NAME OF SPONSOR				2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE					
3. CERTIFICATE NUMBER <i>(Issued by PCI Manager or Registrar)</i>				4. SIGNATURE OF SPONSOR				5. DATE SIGNED <i>(MM/DD/YYYY)</i>	
6. WORK ADDRESS				7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION					
				8. WORK PHONE NUMBER <i>(Include Area Code)</i>					
				9. WORK E-MAIL ADDRESS					
SECTION III - APPLICANT IDENTITY VERIFICATION <i>(Completed by Registrar)</i>									
INSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information, and Section II - Sponsor Verification, assuring that information has been filled out correctly and signed accordingly. The identification must follow these guidelines: <ul style="list-style-type: none"> ● Applicant must present two (2) forms of identification from the Accepted Identification Documentation List. ● The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match). ● One State or Federal ID must contain a photograph. ● Both IDs must be original documents. ● Both IDs must be currently valid, not expired. ● Verify that the applicant has background information on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly. 									
PART A - BACKGROUND CHECK									
1. TYPE OF BACKGROUND CHECK									
1A. DATE INITIATED BACKGROUND CHECK <i>(MM/DD/YYYY)</i>			SAC <i>(Fingerprint Check)</i>		NACI		OTHER <i>(Specify)</i>		
1B. DATE ADJUDICATED BACKGROUND CHECK <i>(MM/DD/YYYY)</i>									
2. FINGERPRINTS CAPTURE REQUIRED?			3. SEX	4. RACE	5. HEIGHT	6. WEIGHT	7. EYES	8. HAIR	9. PLACE OF BIRTH
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," proceed to Part B)</i>									
10. NOTICABLE SCARS AND TATTOOS									
PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1									
1. EXACT NAME LISTED ON PHOTO ID			2. DOCUMENT IDENTIFICATION NUMBER				3. EXPIRATION DATE <i>(MM/DD/YYYY)</i>		
4. DOCUMENT TYPE			5. ISSUANCE DATE <i>(MM/DD/YYYY)</i>				6. ISSUING AUTHORITY		
PART C - IDENTIFICATION NUMBER 2									
1. EXACT NAME LISTED ON ID			2. DOCUMENT IDENTIFICATION NUMBER				3. EXPIRATION DATE <i>(MM/DD/YYYY)</i>		
4. DOCUMENT TYPE			5. ISSUANCE DATE <i>(MM/DD/YYYY)</i>				6. ISSUING AUTHORITY		
PART D - REGISTRAR INFORMATION AND SIGNATURE									
1. WORK ADDRESS				2. PRINTED NAME OF REGISTRAR					
				3. NAME OF DEPARTMENT, SERVICE, OR SECTION					
				4. WORK PHONE NUMBER <i>(Include Area Code)</i>			5. WORK E-MAIL ADDRESS		
6. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION				7. APPLICANT'S REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD ACTION TAKEN:					
				<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED					
CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above listed documents appear to be genuine and to relate to the person named.									
8. SIGNATURE OF REGISTRAR							9. DATE SIGNED <i>(MM/DD/YYYY)</i>		

Attachment 4 - Forms

SECTION IV - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE		
PART A - CARD INFORMATION <i>(Completed by Issuer)</i>		
1. NEW PIV CREDENTIAL SERIAL NUMBER	2. OLD ACCESS ID CARD NUMBER	3. EXPIRATION DATE (MM/DD/YYYY)
PART B - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE <i>(Completed by Applicant)</i>		
ACKNOWLEDGEMENT: I acknowledge receiving my identity credential and will comply with the following obligations: <ul style="list-style-type: none"> ● I have been provided training on the responsibilities associated with receipt of this Personal Identity Verification Card. ● I will use my Personal Identity Verification card in accordance with the training I have been provided. 		
CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my card.		
1. PRINTED NAME OF APPLICANT	2. APPLICANT SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
PART C - PUBLIC KEY INFORMATION (PKI) CERTIFICATE ACCEPTANCE <i>(Completed by Applicant)</i>		
AUTHORIZATION STATEMENT		
<p>You have been authorized to receive one or more private and public key pairs and associated certificates. A private key enables you to digitally sign documents and messages and identify yourself to gain access to information systems and facilities. You may have another private key to decrypt data such as encrypted messages. People and electronic systems inside and outside VA will use public keys associated with your private keys to verify your digital signature, or to verify your identity when you attempt to authenticate to systems, or to encrypt data sent to you. The certificates and private keys will be issued on a token, for example your Personal Identity Verification Card. The token and the certificates and private keys on your token are government property. Users are authorized to use the certificates within VA, as well as while conducting business with other Federal, state, and Local Government agencies.</p>		
ACKNOWLEDGEMENT OF RESPONSIBILITIES		
<ul style="list-style-type: none"> ● I represent and warrant that the information provided in application for this certificate is accurate, current, and complete. If this information changes, I will notify my Registrar of the changes; ● I will use my certificate(s) and private key(s) for official purposes only; ● I will comply with the Certificate Practices Statement for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself; ● I understand that digital signatures applied using my digital certificates carry the same legal obligation as my physically signing the document; ● I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private decryption keys have been provided to the key recovery database in case they need to be recovered; and ● I will report any compromise (e.g., loss, suspected or known unauthorized use, misplacement, etc.) of my PIN or token to my supervisor, security officer, Certification Authority (CA), or a Registrar, immediately. 		
LIABILITY		
<p>I will have no claim against VA arising from use of the PKI certificates, the key recovery process, or a Certification Authority's (CA) determination to terminate or revoke a certificate. VA is not liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a VA CA.</p>		
GOVERNMENT LAW		
<p>VA Public Key Certificates shall be governed by the laws of the United States of America.</p>		
CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my PKI certificate(s).		
1. FULL LEGAL NAME OF APPLICANT	2. SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
SECTION V - ISSUER <i>(Completed by Issuer)</i>		
1. WORK ADDRESS	2. PRINTED NAME OF ISSUER	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER (Include Area Code)	5. WORK E-MAIL ADDRESS
CERTIFICATION: I certify under penalty of perjury, that I have monitored the identity verification of the person above in accordance with applicable identity proofing processes and have witnessed that person sign this form.		
6. SIGNATURE OF ISSUER		7. DATE SIGNED (MM/DD/YYYY)